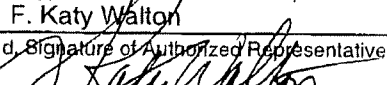


Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse from **November 16th through 30th, 2002**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 26, 2002	Applicant Identifier State Application Identifier 2002 Federal Identifier
5. APPLICANT INFORMATION Legal Name: California Department of Transportation (Caltrans) Address (give city, county, State, and zip code): 500 South Main Street Bishop, CA 93514		4. DATE RECEIVED BY FEDERAL AGENCY Organizational Unit: District 9, Division of Planning & Programming Name and telephone number of person to be contacted on matters involving this application (give area code): Katy Walton, Deputy District Director (760) 872-0691	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6001344		7. TYPE OF APPLICANT: (enter appropriate letter in box) A A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 20-512 TITLE: 49 U.S.C 5312(a)		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Rural Passenger Transportation & ITS Integration Program	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): States of Oregon, California, & Nevada			
13. PROPOSED PROJECT ITS		14. CONGRESSIONAL DISTRICTS OF: California; 4 & 25, Nevada; 2, Oregon; 2	
Start Date 3/1/02	Ending Date 6/30/04	a. Applicant Caltrans	b. Project Test & Deployment for APTS
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 400,000.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$.00	DATE 11/26/02	
c. State	\$ 80,000.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$.00		
f. Program Income	\$.00		
g. TOTAL	\$ 480,000.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative F. Katy Walton		b. Title Deputy District Director	c. Telephone Number (760) 872-0691
d. Signature of Authorized Representative 		e. Date Signed 11/26/02	

STATE CLEARING HOUSE

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/25/02		Applicant Identifier
5. APPLICANT INFORMATION Legal Name: California Air Resources Board		3. DATE RECEIVED BY STATE		State Application Identifier
Address (give city, county, state, and zip code): 1001 I Street P. O. Box 2815 Sacramento, CA 95812		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier
6. EMPLOYER IDENTIFICATION (EIN): 68-0288069				
7. TYPE OF APPLICANT: (enter appropriate letter here) <u>A</u> A. State H. Independent School District B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify): _____				
8. TYPE OF APPLICATION: New <input checked="" type="checkbox"/> Continuation Revision If Revision, enter appropriate letter(s) in box(es): <input type="checkbox"/> A <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other Specify: _____				
9. NAME OF FEDERAL AGENCY: Environmental Protection Agency				
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 66.606 TITLE: Surveys, Studies, and Investigations				
11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: • Greenhouse Gasses • To reduce the emission of HFC-134a refrigerants used in vehicle air conditioning.				
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): State of California				
13. PROPOSED PROJECT: Start Date End Date		14. CONGRESSIONAL DISTRICT OF: a. Applicant: 03		
b. Project: Statewide		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 27 2002 STATE CLEARING HOUSE </div>		
15. Estimated Funding:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 20,000.00 b. Applicant \$ 6,653.00 c. State \$ d. Local \$ e. Other \$ f. Program Income \$ g. TOTAL \$ 26,653.00		a. Yes X YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE _____ Signature date _____ b. NO. PROGRAM IS NOT COVERED BY E.O. 12372 OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. X No				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF. ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Typed Name of Authorized Representative. Larry Morris		b. Title: Chief, Administrative Services		c. Telephone Number (916) 322-8198
d. Signature of Authorized Representative				e. Date Signed 11/25/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED	Applicant Identifier														
		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier														
5. APPLICANT INFORMATION																	
Legal Name: City of Loyalton		Organizational Unit: municipality															
Address (give city, county, State, and zip code): P.O. Box 128 Loyalton, CA 96118		Name and telephone number of person to be contacted on matters involving this application (give area code) Ray Kruth, Eco:Logic Eng., 775-827-2311															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 6 0 0 0 3 6 4 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="float: right; border: 1px solid black; padding: 2px; margin-top: 10px;">C</div> <div style="clear: both;"></div> <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div style="width: 50%;"> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____ </div> </div>															
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: USDA Rural Development															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 7 6 6 </div> TITLE: _____		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: City of Loyalton 2003 Water System Improvements Project															
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Loyalton, Sierra County, CA																	
13. PROPOSED PROJECT Start Date: 4/1/03 Ending Date: 12/1/03		14. CONGRESSIONAL DISTRICTS OF: a. Applicant _____ b. Project _____ Third															
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?															
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$ 2,269,000⁰⁰</td> </tr> <tr> <td>b. Applicant</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>c. State</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>d. Local</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>e. Other</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>f. Program Income</td> <td>\$ ⁰⁰</td> </tr> <tr> <td>g. TOTAL</td> <td>\$ 2,269,000⁰⁰</td> </tr> </table>		a. Federal	\$ 2,269,000 ⁰⁰	b. Applicant	\$ ⁰⁰	c. State	\$ ⁰⁰	d. Local	\$ ⁰⁰	e. Other	\$ ⁰⁰	f. Program Income	\$ ⁰⁰	g. TOTAL	\$ 2,269,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$ 2,269,000 ⁰⁰																
b. Applicant	\$ ⁰⁰																
c. State	\$ ⁰⁰																
d. Local	\$ ⁰⁰																
e. Other	\$ ⁰⁰																
f. Program Income	\$ ⁰⁰																
g. TOTAL	\$ 2,269,000 ⁰⁰																
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Type Name of Authorized Representative MICHAEL HUDSON		b. Title COUNCIL PERSON															
c. Telephone Number 530-693-6750		e. Date Signed 11-15-02															
d. Signature of Authorized Representative 																	

APPLICATION
FOR PTFP FUNDSOMB Approval
0660-0003

APPLICATION PART I

Public Telecommunications Facilities Program

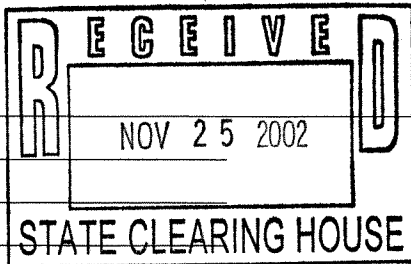
NTIA/Department of Commerce/Washington DC 20230

CFDA 11.550

Check here if
Revised FormFor PTFP
Use

1. APPLICANT

Legal Name KTEH TV Foundation
Organizational Unit Broadcast Engineering
Mailing Address (line 1) 1585 Schallenger Road
Address (line 2 if required)
City San Jose

2. Employer
ID # (EIN) 94-2853970

Main Station
Call Letters KTEH TV 54
Radio MHz TV Channel

County Santa Clara Zip 95131-2434

3. Administrative Contact

E-mail cglick@ktech.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Ms. Cathrene D Glick Broadcast Engineer

Phone # (408) 795-5442Fax # (408) 995-5479

4. Engineering Contact

Full Name Mr. Carl RiegEngineer
Phone (408) 795-5414Title Chief Engineer

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File #6. Enter "Y" if new
FCC authorizations N
are required

7. Enter letter(s) to classify project

(P)lanning or (C)onstruction C (R)adio or (T)V or (RT) for both T (B)roadcast or (N)onbroadcast or (BN) for both B

8. Length of
Project (# of
months) 18

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationFIRST service added by
proposed facilityADDED SERVICE to those
covered by othersB. Broadcast
Equipment
Replacement,
AugmentationCURRENTLY served by
applicant.C. Digital TV
ConversionCURRENTLY served by
applicant.1,800,000Enter "Y" if a
multi-year
applicationD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)CURRENTLY served by
applicant.NEW service added by proposed
facility10. Enter the
Priority or
Category
under which
you request
the application
be reviewedBroadcast Other

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 312,558
b. Applicant Share \$ 312,558
c. TOTAL \$ 625,116
d. Fed. % of eligible costs 50.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.NO15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant1612. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)California 5-13

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.

Phone # (408) 795-5413

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position

Mr. Thomas E Fanella President

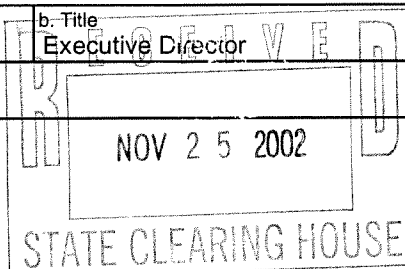
Signature of authorized
representativeDate
signed11/13/02

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Preapplication Construction <input checked="" type="checkbox"/> Non-Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 22, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Community Housing Improvement Program, Inc.		Organizational Unit: N/A	
Address (give city, county, State, and zip code): 1001 Willow Street Chico, CA 95973		Name and telephone number of person to be contacted on matters involving this application (give area code) Imelda Michel 530-891-6931 x 231	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 9 4 — 2 2 2 3 3 9 8 </div>		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> <div style="display: inline-block; width: 30px; height: 20px; border: 1px solid black; margin: 0 5px;"></div> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		A. State H. Independent School Dist. B. County I. State Controlled Institution of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (Specify) <u>Non-Profit Corp.</u>	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 1 0 — 4 2 0 </div> TITLE: Rural Self-Help Housing Technical Assistance		9. NAME OF FEDERAL AGENCY: USDA - Rural Development	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Susanville, Lassen County, State of California		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New application for funding of Rural Self-Help Housing Technical Assistance for building of 33 equivalent units in the two year period 2002-2004.	
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date 2/1/03	Ending Date 1/31/04	a. Applicant 2nd CD California	b. Project 2nd CD California
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 646,000 ⁰⁰	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/22/02 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b. Applicant	\$ ⁰⁰		
c. State	\$ ⁰⁰		
d. Local	\$ ⁰⁰		
e. Other	\$ ⁰⁰		
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 646,000 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative David Ferrier		b. Title Executive Director	c. Telephone Number (530) 891-6931
d. Signature of Authorized Representative		e. Date Signed 11/22/02	

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Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use2. Employer
ID # (EIN)

95-6001908

1. APPLICANT

Legal Name Los Angeles Unified School DistrictOrganizational
Unit Educational BroadcastingMailing Address
(line 1) 1061 W. Temple StreetAddress (line 2
if required)City Los AngelesState CACounty Los AngelesZip 90012-Main
Station
Call
Letters

Radio

MHz

KLCS TV 58

TV

Channel

3. Administrative Contact

E-mail janalyn.glymph@lausd.net

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Dr. JanalynWGlymphGeneral ManagerPhone # (213) 241-4073Fax # (213) 481-1019

4. Engineering Contact

Full Name Mr. James MasonEngineer
Phone(213) 241-4058Title Chief Engineer

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File #6. Enter "Y" if new
FCC authorizations
are required N

7. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both T(B)roadcast or (N)onbroadcast
or (BN) for both B8. Length of
Project (# of
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationB. Broadcast
Equipment
Replacement,
Augmentation ☒C. Digital TV
ConversionD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)10. Enter the
Priority or
Category
under which
you request
the application
be reviewedFIRST service added by
proposed facilityCURRENTLY served by
applicant.CURRENTLY served by
applicant.CURRENTLY served by
applicant.ADDED SERVICE to those
covered by others16,429,100Enter "Y" if a
multi-year
applicationNEW service added by proposed
facility4A

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 367,967b. Applicant Share \$ 551,952c. TOTAL \$ 919,919d. Fed. % of eligible costs 40.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant3312. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)CA 24-27, 29-32, 34-38

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.Phone # (213) 625-6386

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Vs. CapriceYoungPresident, Board of EducationSignature of authorized
representativeDate
signed11/18/02

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klcs

1

This form expires 10/31/2003 Previous Editions NOT usable

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0345-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED November 19, 2002		Applicant Identifier	
<input type="checkbox"/> Application <input type="checkbox"/> Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY Federal Identifier F-49-AE	
5. APPLICANT INFORMATION Amendment #11					
Legal Name: STATE OF CALIFORNIA			Organizational Unit: Department of Fish and Game		
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814			Name and telephone number of the person to be contacted on matters involving this Application (give area code): Carolyn Murata (916) 445-3559		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567			7. TYPE OF APPLICANT: (enter appropriate letter): A		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): <input checked="" type="checkbox"/> B			H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)		
A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):			F. Intermunicipal G. Special District E. Interstate		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act			9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service		
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aquatic Resource Education Program. Amendment #11 requests a decrease in funding request. We request to redirect funds to new Aquatic Enhancement Program.		
13. PROPOSED PROJECT:			14. CONGRESSIONAL DISTRICTS OF:		
Start Date 07/01/01		Ending Date 06/30/06	a. Applicant 3		b. Project 99
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$5,394,629.25		a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Nov 22, 02		
b. Applicant			b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
c. State	\$1,798,209.75		17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT? ____ Yes If "Yes", attach an explanation X No		
d. Local					
e. Other					
f. Program Income					
g. TOTAL	\$7,192,839.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael P. Harris			b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633
d. Signature of Authorized Representative			e. Date Signed 11/22/02		
Approved for the Secretary of the Interior			Title:		Date:
Signature					

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> <u>Application</u> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> <u>Pre-application</u> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		November 19, 2002	
3. DATE RECEIVED BY STATE		State Application Identifier			
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier			
5. APPLICANT INFORMATION					
Legal Name: STATE OF CALIFORNIA		Organizational Unit: Department of Fish and Game			
Address (give city, county, state and zip code): CA Department of Fish & Game Fisheries Programs Branch 1812 Ninth Street Sacramento, CA 95814		Name and telephone number of the person to be contacted on matters involving this application (give area code): Carolyn Murata (916) 445-3559			
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1697567		7. TYPE OF APPLICANT: (enter appropriate letter): A H. Independent School Dist. I. State Controlled Instruction of Higher Learning J. Private University L. Individual M. Profit Organization N. Other (Specify)			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es): A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration E. Other (specify):		9. NAME OF FEDERAL AGENCY: U.S. Department of the Interior U.S. Fish and Wildlife Service 11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Aquatic Education Enhancement Program This new project brings in new elements that will enhance the existing Aquatic Resource Education Program (F-49-AE). The 2-year Grant Proposal attached.			
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 15-605 TITLE: Sport Fish Restoration Act		12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): Statewide			
13. PROPOSED PROJECT:		14. CONGRESSIONAL DISTRICTS OF:			
Start Date 11/ /02	Ending Date 06/30/04	a. Applicant 3		b. Project 99	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			
a. Federal	\$521,250.00	a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: Date: Nov 22, 2002			
b. Applicant		b. NO. _____ PROGRAM IS NOT COVERED BY E.O. 12372 _____ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
c. State	\$173,750.00	17. IS THE APPLICATION DELINQUENT ON ANY FEDERAL DEBT?			
d. Local		_____ Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No			
e. Other					
f. Program Income					
g. TOTAL	\$695,000.00				
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Typed Name of Authorized Representative Michael F. Harris		b. Title: Deputy Director, Admin.		c. Telephone Number (916) 653-4633	
d. Signature of Authorized Representative				e. Date Signed 11/24/02	
Approved for the Secretary of the Interior		Title:		Date	
Signature					

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Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 4, 2002	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Campesinos Unidos, Inc.	Organizational Unit: Campesinos Unidos Self-Help Housing Program
Address (give city, county, State, and zip code): P.O. Box 39 Brawley, Imperial County, California 92227	Name and telephone number of person to be contacted on matters involving this application (give area code) Jose M. Lopez (760) 351-5100

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9 5 — 2 7 4 5 6 2 9

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other(specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

N

A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify) Private Non-Profit

9. NAME OF FEDERAL AGENCY:

U.S.D.A. Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1 0 — 4 2 0

TITLE: USDA- Rural Development Self Help Housing Program

AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

Holtville, Heber, Imperial - Imperial Valley, California

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Self-Help Housing Project Consisting of the Construction for 36 Homes in the Imperial County.

13. PROPOSED PROJECT

Start Date 1/1/03 Ending Date 12/31/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant 50th District

b. Project

50th District

15. ESTIMATED FUNDING:

a. Federal	\$	556,497 ⁰⁰
b. Applicant	\$	⁰⁰
c. State	\$	⁰⁰
d. Local	\$	⁰⁰
e. Other	\$	⁰⁰
f. Program Income	\$	⁰⁰
g. TOTAL	\$	556,497 ⁰⁰

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 11/04/02

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Jose M. Lopez	b. Title Executive Director	c. Telephone Number (760) 351-5100
Signature of Authorized Representative		e. Date Signed 11-18-02

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102

COPY

OMB Approval No. 0348-0043	
Applicant Identifier NOV 21 2002	
STATE CLEARING HOUSE	

APPLICATION FOR
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION:

APPLICATION

☐ Construction☒ Non-Construction

Presapplication

☐ Construction☐ Non-Construction

2. DATE SUBMITTED

November 14, 2002

3. DATE RECEIVED BY STATE

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

E4R3000505

5. APPLICANT INFORMATION

Legal Name:

State of California

Address (give city, county, state and zip code):

1367 E. Lassen Ave., Suite B-4

Chico, Butte County

CA 95973

Organizational Unit:

Dept. of Industrial Relations

Name and telephone number of the person to be contacted on matters involving this application (give area code)

Stephen C. Hart, Principal Engineer
(530) 895-6938

6. IDENTIFICATION NUMBER (EIN):

9 4 - 6 0 0 1 3 4 7

8. TYPE OF APPLICATION:

☒ New☐ Continuation☐ Revision

If Revision, enter appropriate letter(s) in box (es):

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

7. TYPE OF APPLICANT:

(enter appropriate letter in box)

A

A. State

H. Independent School Dist.

B. County

I. State Controlled Institution of Higher Learning

C. Municipal

J. Private University

D. Township

K. Indian Tribe

E. Interstate

L. Individual

F. Intermunicipal

M. Profit Organization

G. Special District

N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Dept. of Labor, MSHA

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

1 7 6 0 0

11. DESCRIPTIVE TITLE OF APPLICANT PROJECT:

Program to provide mandatory mine safety & health training with
small mine operators, mine contractors & mine specific subjects.

TITLE: Mine Safety & Health Training Grant

13. PROPOSED PROJECT:

Start Date
10/1/02Ending Date
9/30/03

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

Statewide

b. Project

Statewide

15. ESTIMATED FUNDING:

a. Federal \$ 325,801

b. Applicant \$ 220,211

c. State \$

d. Local \$

e. Other \$

f. Program Income \$

g. TOTAL \$ 546,012

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE
STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE November 21, 2002

b. NO

PROGRAM IS NOT COVERED BY E.O. 12372

OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐

Yes If "Yes", attach an explanation

☐

No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY

AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a. Typed Name of Authorized Representative

Stephen C. Hart

b. Title

Principal Engineer

c. Telephone number

(530) 895-6938

d. Signature of Authorized Representative

e. Date Signed

11-12-02

Previous Editions Not Usable

Standard Form 424 (REV 4-88)
Prescribed by OMB Circular A-102

Authorized for Local Reproduction

APPLICATION FOR
FEDERAL ASSISTANCE2. DATE SUBMITTED
July 10, 2002

Applicant Identifier

3. DATE RECEIVED BY STATE

State Applicant Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier

1. TYPE OF SUBMISSION

Application

☐ Construction☒ Non-Construction

Preapplication

☐ Construction☐ Non-Construction

5. APPLICANT INFORMATION

IS THIS PROPOSAL BEING SUBMITTED TO ANOTHER FEDERAL AGENCY? ☐ YES ☒ NO IF YES, LIST ACRONYM(S)

Legal Name:

Department of Toxic Substances Control

Organizational Unit:

Hazardous Materials Laboratory

Address (give city, county, state, and zip code):

2151 Berkeley Way
Berkeley, CA 94704

Name and telephone and E-mail number of the person to be contacted on matters involving this application (give area code)

PI: Kim Hooper, Ph.D. (510) 540-3499

ADMIN. CONTACT:

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

- - - - -

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A

- A. State H. Independent School Dist.
B. County I. State Controlled Institution of Higher Learning
C. Municipal J. Private University
D. Township K. Indian Tribe
E. Interstate L. Individual
F. Intermunicipal M. Profit Organization
G. Special District N. Other (Specify)

9. NAME OF FEDERAL AGENCY:

U.S. Environmental Protection Agency, Region 9

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

- - - - -

TITLE: US EPA POLLUTION PREVENTION

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Pollution prevention strategy for penta-PBDE via body-burden monitoring using breast milk

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Alameda County, California
California statewide

13. PROPOSED PROJECT:

Start Date

Ending Date

11/01/02

10/30/04

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

b. Project

9th

Districts 8 and 9

15. ESTIMATED TOTAL PROJECT FUNDING:

a. Federal	\$ 150,000	.00
b. Applicant	\$	.00
c. State	\$ 150,000	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$ 300,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE

11/21/02 by fax.

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Jeffrey Wong, Ph.D.

b. Title

Deputy Director, SPPTP

c. Telephone number

(916) 322-2822

d. Signature of Authorized Representative

e. Date Signed

9/13/02

APPLICATION FOR
FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION:

Application
☒ Construction
☐ Non-Construction

Preapplication
☐ Construction
☐ Non-Construction

2. DATE SUBMITTED
11/21/2002

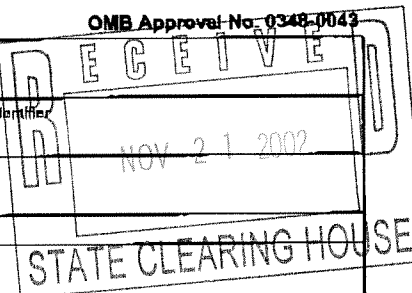
Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. DATE RECEIVED BY FEDERAL AGENCY

Federal Identifier



5. APPLICANT INFORMATION

Legal Name:

Tehachapi Valley Healthcare District

Organizational Unit:

Tehachapi Hospital

Address (give city, county, state, and zip code):

115 West "E" Street
 P.O. Box 1900
 Tehachapi, CA 93581-1900
 Kern County

Name and telephone number of the person to be contacted on matters involving this application (give area code):

Raymond T. Hino
 (661) 822-3241

6. EMPLOYER IDENTIFICATION NUMBER (EIN):

95-2563734

8. TYPE OF APPLICATION:

☒ New ☐ Continuation ☐ Revision

If Revision, enter appropriate letter(s) in box(es):

A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other (specify):

7. TYPE OF APPLICANT: (enter appropriate letter in box)

G

A. State H. Independent School Dist.
 B. County I. State Controlled Institution of Higher Learning
 C. Municipal J. Private University
 D. Township K. Indian Tribe
 E. Interstate L. Individual
 F. Intermunicipal M. Profit Organization
 G. Special District N. Other (Specify):

9. NAME OF FEDERAL AGENCY:

United States Department of Agriculture

10. CATALOG OF FEDERAL DOMESTIC
ASSISTANCE NUMBER:

10-766

TITLE: Community Facility Loans, Rural Development

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Applicant is applying for funding to assist expanding our
 overcrowded facility by demolition of two old buildings and
 acquisition of four portable buildings.

12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.):

Tehachapi Valley Healthcare District and service area

13. PROPOSED PROJECT:

Start Date

01/15/2002

Ending Date

06/30/2003

14. CONGRESSIONAL DISTRICTS OF:

a. Applicant

21st District

b. Project

State of California

15. ESTIMATED FUNDING:

a. Federal	\$	106,000.00
b. Applicant	\$	.00
c. State	\$	.00
d. Local	\$	.00
e. Other	\$	.00
f. Program Income	\$	.00
g. TOTAL	\$	106,000.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE 11/21/2002

b. NO. ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW

17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT?

☐ YES If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY
 AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Typed Name of Authorized Representative

Raymond T. Hino

b. Title

C.E.O./Administrator

c. Telephone number

(661) 822-3241

d. Signature of Authorized Representative

e. Date Signed

11/21/2002

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20530
CFDA 11.550Check here if
Revised FormFor PTFP
Use2. Employer
ID # (EIN)

95-6002272

1. APPLICANT

Legal Name
Organizational
Unit

Board of Trustees, Coast Community College District

Mailing Address
(line 1)

KOCE-TV

Address (line 2
if required)

15751 Gothard Street

City

Huntington Beach

State CA

County Orange

Zip 92647

Main
Station
Call
Letters

Radio

MHz

KOCE

50

TV Channel

3. Administrative Contact

E-mail

Mr., Ms., Dr. First Name

Mr. Mel

M. I.

Last Name

Rogers

Jr. etc

Position

President

Phone # (714) 895-5623

Fax #

714 895-8949

4. Engineering Contact

Full
Name

Roger Yoakum

Title

Chief Engineer

Engineer
Phone

714 895-5623

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File # N/A6. Enter "Y" if new
FCC authorizations
are required Y

7. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both T(B)roadcast or (N)onbroadcast
or (BN) for both B8. Length of
Project (# of
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationB. Broadcast
Equipment
Replacement,
AugmentationC. Digital TV
ConversionXD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)10. Enter the
Priority or
Category
under which
you request
the application
be reviewedFIRST service added by
proposed facilityCURRENTLY served by
applicant.CURRENTLY served by
applicant.

8.2 million

CURRENTLY served by
applicant.ADDED SERVICE to those
covered by othersNEW service added by proposed
facility6B

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 596,930b. Applicant Share \$ 1,200,000c. TOTAL \$ 1,796,930d. Fed. % of eligible costs 33 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.Y15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.N11. Single
Congressional
District of
Applicant4212. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)21 through 47

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.Phone # (714) 895-5623

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. Mel

Rogers

President

Signature of authorized
representativeDate
signed

11/18/02

APPLICATION
FOR PTFP FUNDSOMB Approval
0660-0003

APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised Form ☐For PTFP
Use2. Employer
ID # (EIN)

77-0162617

1. APPLICANT

Legal Name Valley Public Television, Inc.
Organizational Unit KVPT-TV
Mailing Address (line 1) 1544 Van Ness Avenue
Address (line 2 if required) _____
City Fresno State CA County Fresno Zip 93721-1213

Main
Station
Call
Letters

Radio

MHz

KVPT TV 18

TV Channel

3. Administrative Contact

E-mail cdougherty@kvpt.org

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Colin Dougherty General Manager

Phone # (559) 266-1800Fax # (559) 650-1880

4. Engineering Contact

Full Name Mr. Rodger Hixon
Title Chief Engineer

Engineer
Phone (559) 266-1800

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File # _____6. Enter "Y" if new
FCC authorizations
are required

7. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both T(B)roadcast or (N)onbroadcast
or (BN) for both B8. Length of
Project (# of
months) 12

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationB. Broadcast
Equipment
Replacement,
AugmentationC. Digital TV
ConversionD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)10. Enter the
Priority or
Category
under which
you request
the application
be reviewedFIRST service added by
proposed facilityCURRENTLY served by
applicant.CURRENTLY served by
applicant.2,300,000CURRENTLY served by
applicant.ADDED SERVICE to those
covered by othersNEW service added by proposed
facilityBroadcast Oth

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 60,000
b. Applicant Share \$ 90,000
c. TOTAL \$ 150,000
d. Fed. % of eligible costs 40.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.NO15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant1912. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)18,20,21

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.

The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP Rules if the assistance is awarded.

Phone # (559) 266-1800

Mr., Ms., Dr. First Name M. I. Last Name Jr. etc Position
Mr. Colin Dougherty General Manager

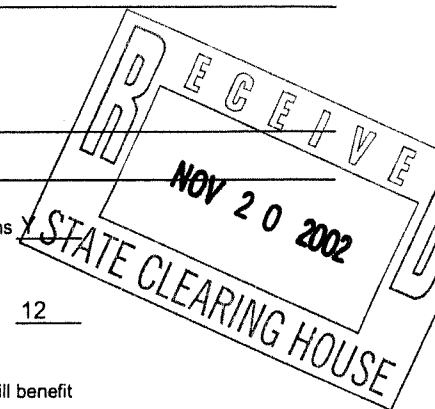
Signature of authorized
representativeDate
signed11-18-02

Authorized for Local Reproduction

kvptdtv01

1

This form expires 10/31/2003 Previous Editions NOT usable



APPLICATION PART I

Public Telecommunications Facilities Program

NTIA/Department of Commerce/Washington DC 20230
CFDA 11.550Check here if
Revised FormFor PTFP
Use2. Employer
ID # (EIN)

94-1658168

1. APPLICANT

Legal Name Redwood Empire Public Television, Inc.Organizational
Unit KEET-TVMailing Address
(line 1) 7246 Humboldt Hill RoadAddress (line 2
if required)City Eureka State CA County Humboldt Zip 95503-Main
Station
Call
Letters

Radio

MHz

KEET DT 11

TV Channel

3. Administrative Contact

E-mail r_schoenherr@keet.pbs.org

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

Position

Mr. RonaldLSchoenherrExecutive DirectorPhone # (707) 445-0813Fax # (707) 445-8977

4. Engineering Contact

Full Name Mr. Joel HouseholterEngineer
Phone(707) 445-0813Title Director of Engineering

PROJECT INFORMATION

5a. Enter "Y" if
Reactivation N5b. Old
File #6. Enter "Y" if new
FCC authorizations
are required

7. Enter letter(s) to classify project

(P)lanning or
(C)onstruction C(R)adio or (T)V
or (RT) for both T(B)roadcast or (N)onbroadcast
or (BN) for both B8. Length of
Project (# of
months) 24

9. Check ONE box which best describes the type of your project and enter the estimated number of persons that the project will benefit

A. New Broadcast
Station, Repeater or
Translator; 1st local
originationB. Broadcast
Equipment
Replacement,
AugmentationC. Digital TV
ConversionD. Nonbroadcast
(e.g. Distance
Learning
Activation or
Expansion)10. Enter the
Priority or
Category
under which
you request
the application
be reviewedFIRST service added by
proposed facilityCURRENTLY served by
applicant.CURRENTLY served by
applicant.
135,000CURRENTLY served by
applicant.ADDED SERVICE to those
covered by othersEnter "Y" if a
multi-year
applicationNEW service added by proposed
facilityBroadcast Other

13. ESTIMATED FUNDING (whole dollars)

a. Federal Request \$ 247,230b. Applicant Share \$ 121,770c. TOTAL \$ 369,000d. Fed. % of eligible costs 67.00 %

14. Is applicant subject to review by Executive Order 12372?

Enter NO if state has no Single Point of Contact
Office of PTFP program is not selected for state
review. Otherwise enter Yes.Yes15. Is applicant delinquent on any Federal Debt?
Enter YES or NO. If YES, attach explanation.NO11. Single
Congressional
District of
Applicant112. Other Cong. districts served by
project (e.g. PA 1-3, NY 4, 5-9)CA-1; OR-4

16. CERTIFICATION BY AUTHORIZED REPRESENTATIVE

To the best of my knowledge and belief, all data in this application are true and correct.
The document has been duly authorized by the governing board of the applicant and the applicant will comply with the attached assurances and the PTFP
Rules if the assistance is awarded.Phone # (707) 445-0813

Mr., Ms., Dr. First Name

M. I.

Last Name

Jr. etc

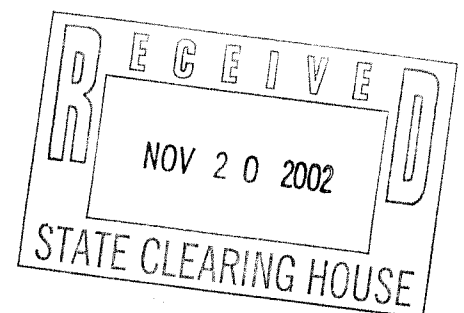
Position

Mr. RonaldLSchoenherrExecutive DirectorSignature of authorized
representativeDate
signed11.18.02

Org Name: INLAND BEHAVIORAL & HEALT UDS Number: 098620

**APPLICATION FOR
FEDERAL ASSISTANCE**

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 10/30/2002	Applicant Identifier														
Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier														
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier H80CS00248														
5. APPLICANT INFORMATION																	
Legal Name: INLAND BEHAVIORAL & HEALTH SERVICES, INC.		Organizational Unit:															
Address (give city, county, state, and zip code) 1963 NORTH E STREET SAN BERNARDINO, CA 92405 San Bernardino		Name and telephone number of the person to be contacted on matters involving this application (give area code) TEMETRY A. LINDSEY 909-881-6146															
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 1953246624A1		7. TYPE OF APPLICANT (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist.. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) Public Non-Profit															
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify):		9. NAME OF FEDERAL AGENCY: HHS, BPHC															
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: COMMUNITY HEALTH CENTERS		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Inland Behavioral and Health CHC 330(e) budget period renewal.															
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.): San Bernardino County																	
13. PROPOSED PROJECT: Start Date Ending Date 03/01/2003 02/28/2004		14. CONGRESSIONAL DISTRICTS OF a. Applicant 42 b. Project 42															
15. ESTIMATED FUNDING: <table border="1"> <tr> <td>a. Federal</td> <td>536,790.00</td> </tr> <tr> <td>b. Applicant</td> <td>0.00</td> </tr> <tr> <td>c. State</td> <td>0.00</td> </tr> <tr> <td>d. Local</td> <td>1,329,433.00</td> </tr> <tr> <td>e. Other</td> <td>407,852.00</td> </tr> <tr> <td>f. Program Income</td> <td>1,029,331.00</td> </tr> <tr> <td>g. TOTAL</td> <td>3,303,406.00</td> </tr> </table>		a. Federal	536,790.00	b. Applicant	0.00	c. State	0.00	d. Local	1,329,433.00	e. Other	407,852.00	f. Program Income	1,029,331.00	g. TOTAL	3,303,406.00	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE 11/01/2002 b. NO. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED STATE FOR REVIEW	
a. Federal	536,790.00																
b. Applicant	0.00																
c. State	0.00																
d. Local	1,329,433.00																
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f. Program Income	1,029,331.00																
g. TOTAL	3,303,406.00																
		17. IS APPLICATION DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes", attach an explanation <input checked="" type="checkbox"/> No															
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																	
a. Typed Name of Authorized Representative Temetry A Lindsey		b. Title President and CEO															
d. Signature of Authorized Representative Electronically Signed by: Temetry A. Lindsey		c. Telephone Number (909)-881-6146 e. Date Signed 10/30/2002															



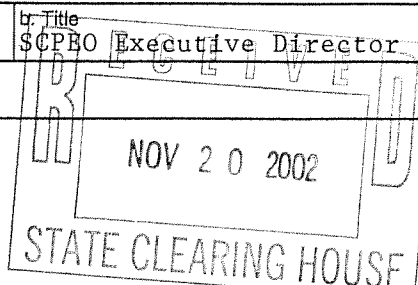
APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11/14/2002	Applicant Identifier 09CH7168																					
		3. DATE RECEIVED BY STATE	State Application Identifier																					
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier																					
5. APPLICANT INFORMATION																								
Legal Name: Sonoma County People for Economic Opportunity, Inc.		Organizational Unit: Sonoma County Head Start Program																						
Address (give city, county, State, and zip code): 555 Sebastopol Road Santa Rosa, CA. 95407-6825 Sonoma		Name and telephone number of person to be contacted on matters involving this application (give area code): Ofelia Ochoa-Morris Program Director (707) 544-6171																						
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-1648949		7. TYPE OF APPLICANT: (enter appropriate letter in box) <div style="display: flex; justify-content: space-between;"> <div> A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District </div> <div> H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u> </div> </div>																						
8. TYPE OF APPLICATION: <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision </div> If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify): _____		9. NAME OF FEDERAL AGENCY: HHS Administration for Children and Families																						
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <u>Head Start</u> 93-060		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Program Account # 22 HS Program Account # 20 HS Program Account # 25 EHS Program Account # 11 EHS																						
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Sonoma County, California																								
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:																						
Start Date 3/1/2003	Ending Date 2/29/2004	a. Applicant 01 and 06																						
15. ESTIMATED FUNDING:		b. Project 01 and 06																						
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>a. Federal</td> <td>\$</td> <td>4,896,518</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>1,224,130</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>6,120,648</td> </tr> </table>		a. Federal	\$	4,896,518	b. Applicant	\$	1,224,130	c. State	\$		d. Local	\$		e. Other	\$		f. Program Income	\$		g. TOTAL	\$	6,120,648	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE <u>11/18/02</u> b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	4,896,518																						
b. Applicant	\$	1,224,130																						
c. State	\$																							
d. Local	\$																							
e. Other	\$																							
f. Program Income	\$																							
g. TOTAL	\$	6,120,648																						
		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																						
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																								
a. Type Name of Authorized Representative Helga Lemke		b. Title SCPBO Executive Director																						
d. Signature of Authorized Representative		c. Telephone Number (707) 544-6911																						
		e. Date Signed 11/14/2002																						

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Authorized for Local Reproduction

Standard Form 424 (Rev. 7-97)
Prescribed by OMB Circular A-102



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 11-18-02	Applicant Identifier
		3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Smith River Rancheria	Organizational Unit: Smith River Rancheria
Address (give city, county, State, and zip code): 250 N. Indian Rd. Smith River, Del Norte County California 95567-9525	Name and telephone number of person to be contacted on matters involving this application (give area code) Roy LaFromboise, (707)487-9255 Tribal Administrator

6. EMPLOYER IDENTIFICATION NUMBER (EIN):
 68-0067275

7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State	H. Independent School Dist.
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify) _____

8. TYPE OF APPLICATION:
☒ New ☐ Continuation ☐ Revision
 If Revision, enter appropriate letter(s) in box(es) ☐ ☐
 A. Increase Award B. Decrease Award C. Increase Duration
 D. Decrease Duration Other(specify): _____

9. NAME OF FEDERAL AGENCY:
 USDA-Rural Development

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:
 Community Facility Loan 10-766
 TITLE: and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
 Community Building and Land Acquisition

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):
 Smith River, Del Norte County CA

13. PROPOSED PROJECT	14. CONGRESSIONAL DISTRICTS OF: Del Norte County
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Start Date	Ending Date	a. Applicant 01	b. Project 01
-------------------	--------------------	------------------------	----------------------

15. ESTIMATED FUNDING:

a. Federal	\$	800,000	.00
b. Applicant	\$		.00
c. State	\$		.00
d. Local	\$		.00
e. Other	\$		.00
f. Program Income	\$		.00
g. TOTAL	\$	800,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
 a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
 DATE _____
 b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
☐ Yes If "Yes," attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Kara Brundin Miller	b. Title Tribal Chair	c. Telephone Number (707)487-9255
d. Signature of Authorized Representative 		e. Date Signed 10 23 02

APPLICATION FOR FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction <i>Pre-application</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 15, 2002		Applicant Identifier 																						
		3. DATE RECEIVED BY STATE 		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED NOV 18 2002 STATE CLEARING HOUSE </div>																						
		4. DATE RECEIVED BY FEDERAL AGENCY 																								
5. APPLICANT INFORMATION																										
Legal Name: National Indian Justice Center			Organizational Unit: 																							
Address (give city, country, state, and zip code): 5250 Aero Drive Santa Rosa, CA 95403			Name and telephone number of the person to be contacted on matters involving this application (give area code): Joseph Myers (707) 579-5507 x 222																							
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 6 8 - 0 0 0 4 0 0 0 </div>			67. TYPE OF APPLICANT: (enter appropriate letter in box) N																							
8. TYPE OF APPLICATION <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify): _____			A. State B. County C. Municipal D. Township E. Interstate F. Inter-municipal G. Special District H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): 100% Indian Owned Non-Profit																							
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: SP- <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 3 - 0 0 1</div> TITLE: AI/AN-NRC			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: American Indian/Alaska Native National Resource Center for Substance Abuse Services																							
12. AREAS AFFECTED BY PROJECT (Cities, counties, states, etc.): Nationwide			9. NAME OF FEDERAL AGENCY: Dept. of Health and Human Services, SAMHSA																							
13. PROPOSED PROJECT: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Start Date</td> <td style="width: 30%;">Ending Date</td> <td style="width: 40%;">a. Applicant 6th District of CA</td> <td style="width: 40%;">b. Project: Nationwide</td> </tr> </table>		Start Date	Ending Date	a. Applicant 6th District of CA	b. Project: Nationwide	14. CONGRESSIONAL DISTRICTS OF: 																				
Start Date	Ending Date	a. Applicant 6th District of CA	b. Project: Nationwide																							
15. ESTIMATED FUNDING <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">a. Federal</td> <td style="width: 10%;">\$</td> <td style="width: 70%; text-align: right;">989,202.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td style="text-align: right;">989,202.00</td> </tr> </table>		a. Federal	\$	989,202.00	b. Applicant	\$	0.00	c. State	\$	0.00	d. Local	\$	0.00	e. Other	\$	0.00	f. Program Income	\$	0.00	g. TOTAL	\$	989,202.00	16. IS APPLICANT SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. YES. THIS PRE-APPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE _____ b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
a. Federal	\$	989,202.00																								
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a. Typed Name of Authorized Representative Joseph A. Myers			b. Title Executive Director		c. Telephone number (707) 579-5507																					
d. Signature of Authorized Representative 				e. Date Signed 11/15/2002																						